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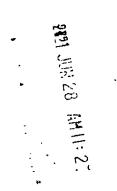
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COVER LETTER

TO:

Registration Section

Division of Corporations			
	PONIA & CORONIA	FIORIDA ILC.	
SUBJECT: CC	RONA & CORONA Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jose Alf	Name of Person	
	•	Name of Person	
	CORONA	8 CORONA FLORIDA Firm/Company	<u>ис</u>
		ck Dr, Orlando, Fl,	
	Orla	ndo, F1, 32837 City/State and Zip Code	
	epnince Email address: A	mail. com	ication)
e e a tre car			,
For luttner information of	concerning this matter, please o	dit.	
Jose Co	orona	at (714) 9268 Area Code Daytime	401
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
₤ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: _CO	RONA & CORONA	FLORIDA LLC		
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jose Alf	Conso Corona Name of Person		
	'	Name of Person		
	CORONA	1 & CORONA FLORIDA Firm/Company	9 4C	
		Firm/Company		
	14535 Codo	ck Dr. Orlando, Fl	. 328.37	
		Address	/	
	No	Mo II 20027		
	Orto	City/State and Zip Code		
	epnince	gmail. Com		
	E-mail address: (be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Jose Co	(009	n 714 926	8401	
Jose Corona Name of Person		Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee, I	"L 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
-	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	iability Company were filed on	03/18/2021 and assigned
Florida document number <u>L21000 12</u>		
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	20 66 150
(Principal office address MUST BE A STREE	ET ADDRESS)	ني ا
		5.3 C3
		25 25
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	JOSE ALFONSO C	ORONA
New Registered Office Address:	14535 Caplock	Dr la street address
	Orlando	, Florida 32837

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR_	JOSE ALFONSO, CORONA	14535 Caplack Dr. Orlando, Fl, 328	37 ∠Add
			□Remove
			_ DChange
MER	CORONA, ALFONSO A		_ \(\subseteq \text{Add} \)
		14535 caplock Dr. O lando, F1, 3283	7 Kemove
			_ UChange
<u>ambr</u>	ANABELLA CUEVAS CORONA	14535 Coplack a, Orlando, Fl, 328	
			_ ERemove
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AMBR	CUEVAS CORONA, ANAGELA A		
		14535 Caplack Or, Orbando, 79, 3283	2 7 □ Kemove
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Signature of a member or authorized representative of a member	Signature of amender or authorized representative of a member		Signature of a	Ameniber or author	rized representativ	e of a member	

Filing Fee: \$25.00